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## BIB DATA SHEET

CONFIRMATION NO. 9882

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO.<br>PSA0305071 |
|---------------|----------------------------------|-------|----------------|--------------------------------------|
| 10/553,886    | 07/14/2006                       | 237   | 3749           |                                      |

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/FR04/00383 02/18/2004 Verified - PFO3

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 03/05071 04/24/2003 Verified - PFO3

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 12/08/2006

|                                                                                            |                                                                                                                                                                                                    |                                                          |                               |                         |                       |                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and<br>Acknowledged | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>/PATRICK F.<br>O'REILLY III/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWINGS<br>2 | TOTAL<br>CLAIMS<br>12 | INDEPENDENT<br>CLAIMS<br>2 |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|-------------------------|-----------------------|----------------------------|

**ADDRESS**  
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 UNITED STATES

**TITLE**  
 Method and device for heating a motor vehicle cabin

|                                 |                                                                                                                   |                                                              |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| FILING FEE<br>RECEIVED<br>1030  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                 |                                                                                                                   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                 |                                                                                                                   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                 |                                                                                                                   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                 |                                                                                                                   | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Credit |                                                                                                                   |                                                              |